

APN# _____

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Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
contains personal information as required by law: (check applicable)

___ Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

___ Judgment – NRS 17.150(4)

___ Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

_____.

\$1.00 Additional Recording Fee for Use of This Page